Co. Galway Motor Club Ltd Hewison Autotest – Saturday, 23rd October 2010 ENTRY FORM

This form must be completed fully in BLOCK CAPITALS

ENTRANT/ DRIVER: Name:					
Address:					
Telephone (H):		Telep	lephone (W):		
Competition Licence No:		Issued by:			
Next of Kin's Name:		Telephone:			
CAR DETAILS Make	Model:			Engine Capacity:	CC
Class Entered:	Novice?:	YES	NO	(please circle as appropr	iate <u>)</u>
Fee Enclosed	: €	Cash/Che	eque/P.0	O. (delete as appropriate)	
consideration of the accel agree to save harmless Automobile Club Ltd. t/a Motorsport Ireland and the and against all actions, cof or damage to the perso (as the case may be) how taking part in this event a occasioned by the negligagents. Furthermore, in relnsurance is not required extend to all and any other	ptance of this en- and keep indemn Royal Irish Autom leir respective off laims, costs, expension or property of soever caused and notwithstandi lence of the said be espect of any par by law, this Agreer competitor(s) a and demands in re liver(s), passenge	try or of r ified the condition of the ficials, seenses and myself, many out any that the codies, the ts of this element shand their seensect of er(s) or many	my bein Co. Galv Ib, Irish rvants, d deman ny drive of or ir ne same neir offic event o nall in ac servants loss of echanic	Conduct for Children's Spag permitted to take part in way Motor Club Ltd, Irish Motorsport Federation Liverpresentatives and agends in respect of death, in respect of death, in respect of death, in the may have been contributed any have been contributed any form of the parties named and agents and to all action damage to the person cits).	this event td. t/a tts from njury, loss hanic(s) ry or my ted to or atives or rty led above tions,
signed by a person under or guardian, whose full n guardians of persons und Council to carry out tests following form:	the age of 18 yea ames and addres der 18 years of ag in accordance w	ars shall s shall be le shall gi ith the Iri ne Irish S	be cour given. rant per sh Anti ports C	paragraph (a) above which tersigned by that person Furthermore, the parents mission to MI and the Iris Doping Rules (Rule No 1) council to carry out tests a ti-Doping Rules."	's parent and/or sh Sports 39) in the
Signature (Driver):				Date:	
Where the above is signed person's parent or guardian				try form shall be countersig Il be given.	ned by that
Signature of Parent or Gu	ıardian:				
Full Name and Address o	f Parent or Guard	lian:			